



STATE OF NEW YORK DEPARTMENT OF HEALTH

161 Delaware Avenue Delmar, New York 12054-1393

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

Dear Provider, Individual(s) with TBI, and Other Interested Parties:

The Traumatic Brain Injury Services Coordinating Council (TBISCC) was formed by act of the New York State Legislature to advise the Department of Health regarding service needs of persons who have sustained a traumatic brain injury.

The TBISCC has examined a number of issues relating to availability and quality of services for individuals with a brain injury. Recently, the TBISCC has turned its attention to the unmet needs of those who have sustained a traumatic brain injury, particularly to the obstacles to obtaining treatment and assistance through third party payers, such as:

- Benefit Limitations (i.e. they wouldn't pay beyond a certain number of days)
- Medical Necessity (i.e. they didn't think the services were necessary)
- Coverage Limits (i.e. the services needed were not covered)
- Reimbursement Limits (i.e. the plan reimbursement was inadequate to fund the services required)

Third party providers include Worker's Compensation, no fault insurance, health insurance, managed care plans or other insurance plans that provide benefits for medical care and rehabilitation following a brain injury.

We have enclosed a questionnaire which we ask you complete and return to us concerning problems you may have encountered with third party payers in obtaining brain injury related services. In addition, we also would welcome your suggestions for improving the delivery of services to persons who have sustained a traumatic brain injury where funds are provided by third party payers. Please feel free to share the questionnaire with anyone you know who would also like to provide us with input on these issues.

Please return your questionnaire and other information to the Council by written communication at:

Traumatic Brain Injury Services Coordinating Council
New York State Department of Health
161 Delaware Avenue
Delmar, NY 12054
Attention: Dawn Crary

Or send via e-mail to Dawn Crary at DMC14@health.state.ny.us.

Very truly yours,

Charles Wolf, TBISCC Chairperson
Judith Avner, Esq. TBISCC Vice-Chairperson
Michael V. Kaplen, Esq. TBISCC Unmet Needs Subcommittee Chairperson

Enclosure

Questionnaire

Have you had difficulty obtaining coverage benefits from:

Worker Compensation Carrier? Yes _____ No _____ Name of Carrier: _____

No Fault Insurer? Yes _____ No _____ Name of Insurer: _____

Medical Insurer? Yes _____ No _____ Name of Insurer: _____

Other Insurer? Yes _____ No _____ Name of Insurer: _____

From the following list, please select the kinds of problems you have experienced concerning the various services you needed and place a check mark for the type of problem you have encountered in the boxes following the types and location of services:

Type of Problem:

- A. Benefit Limitations (i.e. they wouldn't pay beyond a certain number of days)
- B. Medical Necessity (i.e. they didn't think the services were necessary)
- C. Coverage Limits (i.e. the services needed were not covered)
- D. Reimbursement Limits (i.e. the plan reimbursement was inadequate to fund the services required)

Type/Location of Services	Type of Problem			
	A	B	C	D
1. Acute Inpatient Rehabilitation (Hospital)				
2. Subacute Inpatient Rehabilitation (Nursing Home)				
3. Cognitive Rehabilitation (any setting)				
4. Outpatient Rehabilitation (PT, OT, SLP, Psych.)				
5. Neuropsychological Services (Initial Evaluation)				
6. Home Care (Includes Personal Care Aide/Home Attendant)				
7. Durable Medical Equipment (DME, wheelchair, walker, etc.)				
8. Primary Care				
9. Substance Abuse/Psychiatric Services				
10. Specialty Physician Consultation (i.e. Neurology, etc.)				
11. Medications				
12. Adaptive or Assistive Technology/Equipment				
13. Transportation				
14. Prosthetics and Orthotics (i.e. braces, shoes, etc.)				
15. Eyeglasses, Hearing Aides				
16. Vocational Rehabilitation				
17. Other (Please List: _____)				

Additional Comments: _____

Please return this questionnaire to:

Traumatic Brain Injury Services Coordinating Council
New York State Department of Health
161 Delaware Avenue
Delmar, NY 12054
Attention: Dawn Crary

Or send via e-mail to Dawn Crary at DMC14@health.state.ny.us.